
By: **Delegates Benson, Barkley, Frush, Hubbard, Mandel, McDonough,
Nathan-Pulliam, Niemann, V. Turner, and Weldon**

Introduced and read first time: February 13, 2004

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Respiratory Care Practitioners Act - Practice of Polysomnography**

3 FOR the purpose of requiring the Respiratory Care Professional Standards
4 Committee to develop and recommend certain regulations relating to the
5 practice of polysomnography to the State Board of Physicians; requiring certain
6 individuals to be authorized by the Board to practice polysomnography;
7 authorizing the Board to permit certain individuals to practice
8 polysomnography under certain circumstances; providing a certain exception to
9 the requirement that certain individuals be authorized by the Board to practice
10 polysomnography; providing certain qualifications an individual must meet to
11 practice polysomnography; defining certain terms; and generally relating to the
12 Respiratory Care Practitioners Act and the practice of polysomnography.

13 BY repealing and reenacting, with amendments,
14 Article - Health Occupations
15 Section 14-5A-01 and 14-5A-07
16 Annotated Code of Maryland
17 (2000 Replacement Volume and 2003 Supplement)

18 BY adding to
19 Article - Health Occupations
20 Section 14-5A-21.1 and 14-5A-21.2
21 Annotated Code of Maryland
22 (2000 Replacement Volume and 2003 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
24 MARYLAND, That the Laws of Maryland read as follows:

25 **Article - Health Occupations**

26 14-5A-01.

27 (a) In this subtitle the following words have the meanings indicated.

1 (b) "Board" means the State Board of Physicians.

2 (C) "BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS" MEANS
3 A NATIONAL, INDEPENDENT, NONPROFIT CERTIFICATION BOARD THAT DEVELOPS,
4 MAINTAINS, AND ADMINISTERS THE COMPREHENSIVE REGISTRY EXAMINATION FOR
5 POLYSOMNOGRAPHIC TECHNOLOGISTS.

6 [(c)] (D) "Committee" means the Respiratory Care Professional Standards
7 Committee established under § 14-5A-05 of this subtitle.

8 [(d)] (E) "License" means a license issued by the Board to practice respiratory
9 care.

10 [(e)] (F) "Licensed respiratory care practitioner" means a respiratory care
11 practitioner who is licensed by the Board to practice respiratory care.

12 [(f)] (G) "National certifying board" means the National Board for Respiratory
13 Care or a certifying organization that has certification requirements equivalent to the
14 National Board for Respiratory Care and that has been approved by the Board.

15 (H) "POLYSOMNOGRAPHIC TECHNICIAN" MEANS AN INDIVIDUAL WHO
16 PERFORMS POLYSOMNOGRAPHY UNDER THE GENERAL SUPERVISION OF A
17 LICENSED PHYSICIAN, A LICENSED RESPIRATORY CARE PRACTITIONER, OR A
18 POLYSOMNOGRAPHIC TECHNOLOGIST.

19 (I) "POLYSOMNOGRAPHIC TECHNOLOGIST" MEANS AN INDIVIDUAL WHO
20 PERFORMS POLYSOMNOGRAPHY UNDER THE GENERAL SUPERVISION OF A
21 LICENSED PHYSICIAN OR A LICENSED RESPIRATORY CARE PRACTITIONER.

22 (J) "POLYSOMNOGRAPHIC TRAINEE" MEANS AN INDIVIDUAL WHO PERFORMS
23 POLYSOMNOGRAPHY UNDER THE DIRECT SUPERVISION OF A LICENSED PHYSICIAN,
24 A LICENSED RESPIRATORY CARE PRACTITIONER, A POLYSOMNOGRAPHIC
25 TECHNOLOGIST, OR A POLYSOMNOGRAPHIC TECHNICIAN.

26 (K) "PRACTICE POLYSOMNOGRAPHY" MEANS THE ANALYZING, ATTENDED
27 MONITORING, AND RECORDING OF PHYSIOLOGIC DATA DURING SLEEP AND
28 WAKEFULNESS TO ASSIST IN THE ASSESSMENT AND DIAGNOSIS OF SLEEP/WAKE
29 DISORDERS AND OTHER DISORDERS, SYNDROMES, AND DYSFUNCTIONS THAT ARE
30 SLEEP-RELATED, ARE MANIFEST DURING SLEEP, OR ARE DISRUPTIVE OF NORMAL
31 SLEEP/WAKE CYCLES AND ACTIVITIES.

32 [(g)] (L) (1) "Practice respiratory care" means to evaluate, care for, and
33 treat, including the diagnostic evaluation of, individuals who have deficiencies and
34 abnormalities that affect the pulmonary system and associated aspects of the
35 cardiopulmonary and other systems under the supervision of and in collaboration
36 with a physician.

37 (2) "Practice respiratory care" includes:

- 1 (i) Providing direct and indirect respiratory care services that are
2 safe, aseptic, preventive, and restorative;
- 3 (ii) Practicing the principles, techniques, and theories derived from
4 cardiopulmonary medicine;
- 5 (iii) Evaluating and treating individuals whose cardiopulmonary
6 functions have been threatened or impaired by developmental defects, the aging
7 process, physical injury, disease, or actual or anticipated dysfunction of the
8 cardiopulmonary system;
- 9 (iv) Observing and monitoring physical signs and symptoms,
10 general behavior, and general physical response to respiratory care procedures and
11 determining if initiation, modification, or discontinuation of a treatment regimen is
12 warranted;
- 13 (v) Transcribing and implementing written or oral orders regarding
14 the practice of respiratory care;
- 15 (vi) Using evaluation techniques that include cardiopulmonary
16 function assessments, gas exchange, the need and effectiveness of therapeutic
17 modalities and procedures, and the assessment and evaluation of the need for
18 extended care and home care procedures, therapy, and equipment; and
- 19 (vii) Applying the use of techniques, equipment, and procedures
20 involved in the administration of respiratory care, including:
- 21 1. Except for general anesthesia, therapeutic and diagnostic
22 gases;
- 23 2. Prescribed medication for inhalation or direct tracheal
24 installation;
- 25 3. The administration of analgesic agents by subcutaneous
26 injection or inhalation for the performance of respiratory care procedures;
- 27 4. Nonsurgical insertion, maintenance, and removal of
28 artificial airways;
- 29 5. Advanced cardiopulmonary measures;
- 30 6. Cardiopulmonary rehabilitation;
- 31 7. Mechanical ventilation or physiological life support
32 systems;
- 33 8. Collection of body fluids and blood samples for evaluation
34 and analysis;
- 35 9. Insertion of diagnostic arterial access lines; and

1 (11) Develop and recommend to the Board criteria for the direction of
2 students in clinical education programs by licensed respiratory care practitioners;

3 (12) DEVELOP AND RECOMMEND TO THE BOARD REGULATIONS
4 RELATING TO THE PRACTICE OF POLYSOMNOGRAPHY, INCLUDING:

5 (I) GUIDELINES FOR THE PRACTICE OF POLYSOMNOGRAPHY
6 UNDER GENERAL AND DIRECT SUPERVISION; AND

7 (II) THE MAXIMUM AMOUNT OF TIME AN INDIVIDUAL MAY
8 PRACTICE AS:

9 1. A POLYSOMNOGRAPHIC TRAINEE BEFORE BECOMING A
10 POLYSOMNOGRAPHIC TECHNICIAN; AND

11 2. A POLYSOMNOGRAPHIC TECHNICIAN BEFORE BECOMING
12 A POLYSOMNOGRAPHIC TECHNOLOGIST;

13 [(12)] (13) Keep a record of its proceedings; and

14 [(13)] (14) Submit an annual report to the Board.

15 14-5A-21.1.

16 (A) EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, AN
17 INDIVIDUAL SHALL BE AUTHORIZED BY THE BOARD TO PRACTICE
18 POLYSOMNOGRAPHY IN THIS STATE.

19 (B) THE BOARD MAY AUTHORIZE AN INDIVIDUAL WHO MEETS THE
20 REQUIREMENTS OF § 14-5A-21.2 OF THIS SUBTITLE TO PRACTICE
21 POLYSOMNOGRAPHY AS A:

22 (1) POLYSOMNOGRAPHIC TECHNOLOGIST;

23 (2) POLYSOMNOGRAPHIC TECHNICIAN; OR

24 (3) POLYSOMNOGRAPHIC TRAINEE.

25 (C) AN INDIVIDUAL AUTHORIZED TO PRACTICE RESPIRATORY CARE UNDER
26 THIS SUBTITLE MAY PRACTICE POLYSOMNOGRAPHY WITHIN THE INDIVIDUAL'S
27 CURRENT SCOPE OF PRACTICE.

28 14-5A-21.2.

29 (A) TO PRACTICE POLYSOMNOGRAPHY AS A POLYSOMNOGRAPHIC
30 TECHNOLOGIST, AN INDIVIDUAL SHALL BE CERTIFIED BY THE BOARD OF
31 REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS AS A REGISTERED
32 POLYSOMNOGRAPHIC TECHNOLOGIST.

33 (B) TO PRACTICE POLYSOMNOGRAPHY AS A POLYSOMNOGRAPHIC
34 TECHNICIAN, AN INDIVIDUAL SHALL:

1 (1) SUCCESSFULLY COMPLETE A POLYSOMNOGRAPHY PROGRAM THAT
2 MEETS OR EXCEEDS THE REQUIREMENTS OF:

3 (I) THE ASSOCIATION FOR POLYSOMNOGRAPHIC TECHNOLOGISTS
4 OR A SUCCESSOR ORGANIZATION; OR

5 (II) THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE
6 CURRICULUM GUIDELINES FOR POLYSOMNOGRAPHIC TECHNOLOGY; AND

7 (2) PROVIDE WRITTEN DOCUMENTATION TO THE COMMITTEE THAT THE
8 INDIVIDUAL HAS SUCCESSFULLY COMPLETED COMPETENCY TESTING IN
9 POLYSOMNOGRAPHY AS APPROVED AND DEFINED BY THE COMMITTEE IN
10 CONSULTATION WITH THE POLYSOMNOGRAPHIC COMMUNITY.

11 (C) TO PRACTICE POLYSOMNOGRAPHY AS A POLYSOMNOGRAPHIC TRAINEE,
12 AN INDIVIDUAL SHALL:

13 (1) PROVIDE WRITTEN DOCUMENTATION TO THE COMMITTEE THAT A
14 LICENSED PHYSICIAN, POLYSOMNOGRAPHIC TECHNOLOGIST, OR
15 POLYSOMNOGRAPHIC TECHNICIAN WILL PROVIDE DIRECT SUPERVISION OVER THE
16 INDIVIDUAL'S PERFORMANCE OF POLYSOMNOGRAPHY; AND

17 (2) PROVIDE WRITTEN DOCUMENTATION THAT THE INDIVIDUAL IS
18 CURRENTLY ENROLLED IN A POLYSOMNOGRAPHY PROGRAM THAT MEETS OR
19 EXCEEDS THE REQUIREMENTS OF:

20 (I) THE ASSOCIATION FOR POLYSOMNOGRAPHIC TECHNOLOGISTS
21 OR A SUCCESSOR ORGANIZATION; OR

22 (II) THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE
23 CURRICULUM GUIDELINES FOR POLYSOMNOGRAPHIC TECHNOLOGY.

24 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 October 1, 2004.